

JOHANNES/STOERMER CO.

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VACANT COMMERCIAL PROPERTY APPLICATION

APPLICANT INFORMATION

Insured's Name _____ Telephone _____

Mailing Address for Policy: _____ Contact Name _____

City, State, Zip _____

Requested Effective Date _____ Policy Term (3mo, 6mo, 1yr) _____

Location of Vacant Property: Address _____

City _____ State _____ Zip Code _____ County _____

PROPERTY INFORMATION

Property Limit Requested: Building (80% Co-Insurance) \$ _____ Deductible _____

Purchase Price \$ _____ Cost of Renovations if any \$ _____

Valuation: ACV _____ Replacement Cost _____ Other _____

Perils Requested: Fire _____ E.C. _____ Vandalism _____ Other _____

General Liability Limits: Occurrence \$ _____ Aggregate \$ _____ Medical Payments\$ _____

Date Purchased or Acquired: _____ How Long Has Building Been Vacant: _____

Prior Occupancy _____

Intended Disposition of Property (i.e., sell, rent, occupy, renovate, demolish) _____

Year Built: _____ Type of Construction: _____ No. of Stories: _____

Year of Updates: Heating _____ Plumbing _____ Roofing _____ Wiring _____

Is there any aluminum wiring: _____ Are there FUSES being used: _____

Type of Roof _____ Total square footage of building: _____

Protection Class Code for Property Location: _____

Describe Neighborhood – i.e., rural, commercial, residential _____

General Condition of Property: _____

Photos required on all risk prior to binding.

Describe Any Existing Damage _____

How often are regular checks made to the Premise? _____

Is building secured/alarmed? _____ Utilities Operational? _____

If not, explain _____

Has Insured ever filed for Bankruptcy? _____ If so, provide details: _____

Years Experience with Commercial Property Management _____

Mortgagee _____

Previous Carrier _____ Insured's Loss History (Prior 3 Years) _____

Additional Remarks, Comments or Information _____

Agency Name _____ Agent's Name _____

Address _____ City _____ State _____ Zip _____

Phone & Fax # _____ E-Mail _____

Agents Signature and Date

Applicant's Signature & Date